



# WOODLANDS RING PRIMARY SCHOOL

11 WOODLANDS RING ROAD, SINGAPORE 738240

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Email: [wrps@moe.edu.sg](mailto:wrps@moe.edu.sg)

Website: <http://www.woodlandsringpri.moe.edu.sg/>

## Application for Lunch Pass 2025

Dear Sir/Mdm,

1. I wish to apply for the Lunch Pass for my child/ward\* so that he/she can leave the school premises to **either have lunch at home or collect lunch from just outside the school** before he/she returns to school to resume the after-school activities such as after-school lessons (ASL) or co-curricular activities (CCA). The details of my child/ward\* are as shown below.
2. I note that the Lunch Pass is not transferable and I will ensure that my child/ward uses the pass appropriately.
3. I understand that the application of the Lunch Pass is subject to approval by the school and that the school reserves the right to revoke the Lunch Pass should there be any misuse.
4. I have **attached a recent photocopy or original photo of my child.**
5. I will remind my child to display the pass to the security personnel.

	<b>WOODLANDS RING PRIMARY SCHOOL</b>
<b>LUNCH PASS</b>	
<i>WRPS / _____ / 2025</i>	
<b>NAME:</b> _____ <b>CLASS: PRIMARY</b> _____ <b>VALID TILL: 30 NOVEMBER 2025</b>	Please attach a recent photocopy or original photograph of student.  Applications without photos will be declined.

Name of Parent/Guardian\*: \_\_\_\_\_

Parent's/Guardian's\* Signature: \_\_\_\_\_

Contact No: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please delete where applicable

## **Application for Lunch Pass 2025**

For official use only:

We acknowledge the receipt of your application for Lunch Pass for your child/ward\*. If your application is successful, your child/ward\* will be issued with the Lunch Pass in due course.

Name of School Personnel: \_\_\_\_\_

Signature of School Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:- Please return the Lunch Pass application form in a box in the general office.**



**INTEGRITY ■ CARE ■ RESPECT ■ RESPONSIBILITY ■ RESILIENCE**

